

building.

DUPLICATION OF PLANS REQUEST



Date:			
Site Location:		Subdivision:	
TO:	Architect/Engineer:		
	Address:		
	City/State/Zip:	Phone:	
RE:	Owner(s):		
	Address:		
	City/State/Zip:	Phone:	
or do Sectio Build certif	cuments originally prepared on 19851 of the Health and ling Division, prior to copy	Services has received a request for permission to dupliced by your office. Safety Code (H&SC) of the State of California requiresting plans or documents prepared by a licensed, registattempt to contact the preparer for permission to copy to	s that the tered, or
	ire to respond to this lette ication of the plans per H	er within 30 days or a refusal will be treated as con ESC section 19851(f).	isent for
I, ment	ioned address. I understan	, request copies of the official plans for the d and will comply with the following:	ne above-
1.		minimum fee deposit of \$15.00 and \$2.00 per sheen, will be charged for duplication of plans.	eet, plus

3. That the drawings are instruments of professional service incomplete without the interpretation of the certified licensed or registered professional of record.

2. That the copy of the plans shall only be used for the maintenance, operation and use of the

4. That subdivision (a) of Section 5536.25 states that a licensed architect who signs and stamps plans, specifications, reports, or documents shall not be responsible for damage caused by subsequent changes to or uses of those plans, specifications, reports, or documents, where the subsequent changes or uses, including changes or uses made by state or local governmental agencies, are not authorized or approved in writing by the licensed architect who originally signed the plans, specifications, reports, or documents, provided that the written authorization or approval was not unreasonably withheld by the architect and the architectural service rendered by the architect who signed and stamped the plans, specifications, reports, or documents was not also a proximate cause of the damage.

Signature of rec	uesting party:	
ALLEGATE OF THE	accura part,	

SECTION BELOW TO BE COMPLETED BY LICENSED/REGISTERED PERSON

I hereby authorize the duplication of the plans indicated herein.					
Licensed/Registered Professional:	Date:				
License No:	Expiration Date:				
Original or Current Owner:	Date:				

Sign and return to Town of Danville Building Services no later than 30 days from the date of this notice.

Mail To:

Town of Danville Building Services 510 La Gonda Way Danville, CA 94526-1740